POLITICAL COMMITTEE

CITY OF APACHE JUNCTION

CAMPAIGN FINANCE REPORT

	2016 August/November Regular Election	7816 NO	V-3 AM 9:08
1.	Jeff Struble For City Council Full Name of Committee 953 5 Warner	l	APACHE JUNCTION
2.	Address	3A. ID#	-1-11
4. R	EPORTING PERIOD (Please check appropriate box)		DUE BETWEEN
	January 31 Report - For Period of June 11,2013. thru December 31, 2015. June 30 Report - For Period of January 1, 2016 thru May 31, 2016 Pre-Primary Election Report - For Period of June 1, 2016 thru August 18, 2016 Post-Primary Election Report - For Period of August 19, 2016 thru September Pre-General Election Report - For Period of September 20, 2016 thru October 20, 2016 thru November **January 31, Report - For Period of November 29, 2016 thru December 31, 2017	19, 2016	June 1, 2016 and June 30, 2016
5.	SUMMARY	Column A Total This Reporting Period	Column B Election Period Total To Date
5a	Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		€ 64.41
5b	Cash on Hand at the Beginning of this Reporting Period	0	
5c	Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	251894	5248.15
5 d	Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	2518.94	5248.15
6 a	Total Debts and Obligations from Previous Campaign Committee at	A REVENUE AND A STATE OF	

Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d] *Insert date which is 21 days after date of last election (A.R.S. §16-913).

6b Total Disbursements (from corresponding columns on

Detailed Summary Page, Line 18)

Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other

^{**}Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

DETAILED SUMMARY PAGE

Page 2 OF RECEIPTS AND DISBURSEMENTS 2. ID# 1. Committee Name: Je&Struble for Cily Council com-1-11 3. Report covering period from 9 - 20 - 16 Thru RECEIPTS COLUMN A COLUMN B THIS PERIOD CAMPAIGN TO DATE 4. Contributions other than loans and in-kind: (a) Individuals - more than \$50 (Total from Schedule A) (b) Individuals - aggregate \$50 or less (Total from Schedule A-1) (c) Political Committees (Total from Schedule B) (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)] (e) Refund of contributions (Total from Schedule F-2) (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)] 5. (a) Loans made or guaranteed by candidate (Total from Schedule C) (b) All other loans (Total from Schedule C-1) (c) Total Loans [add 5(a) and 5(b)] 6. In-kind contributions (Total from Schedule E) 7. Dividends, interest, and other forms of receipts (Total from Schedule F-1) 8. Total Receipts [add 4(f), 5(c), 6, and 7] 251294 5248,10 DISBURSEMENTS 9. Expenditures for operating expenses (Total from Schedule D) 251894 10. Independent Expenditures (Total from Schedule D-1) 11. Value of In-kind expenditures (Total from Schedule E) 12. Loans made by reporting committee (Total from Schedule D-2) 13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4) (b) Repayment of all other loans (Total from Schedule D-5) (c) Total Loan Repayments [add 13(a) and 13(b)] 14. Transfers to other political committees (Total from Schedule D-6) 15. Any other disbursement (Total from Schedule D-7) 16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] 17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3) 18. Total disbursements [subtract line 17 from line 16] 19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Type or Print Name of Treasurer

Type or Print Name of Treasurer

Signature of Treasurer Designating Individual

OL:5 NA E-ADM 107

2 ID# COM-1-11

1. Committee Name Telffyrble for City Councy
3. Report covering period from 9-20-16 thru 10-27-15

4	CONTRIBUTIONS	DATE	AMOUNT	CUMULATIVE
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	RECEIVED	RECEIVED THIS PERIOD	TOTAL THIS CAMPAIGN TO DATE
4a	LAST STUBLE JEST MI STREET ADDRESS 953 SWainer CITY Diche TUNCTON No 25120 OCCUPATION Sels Employer EMPLOYER	9 23-16 to 10-1876	25 <i>185</i> 4	5048,15
b.	LAST FIRST MI FIRST MI STREET ADDRESS 1930 E Tanto CITY STATE ZIP A Dache Tundyan NT SS119 OCCUPATION EMPLOYER Sel & Employed Sel &			200.00
C.	LAST FIRST MI STREET ADDRESS CITY STATE ZIP OCCUPATION EMPLOYER			
d.	LAST FIRST MI STREET ADDRESS			
	CITY STATE ZIP OCCUPATION EMPLOYER			
e.	LAST FIRST MI STREET ADDRESS			
	CITY STATE PINGLE OCCUPATION OCCUPATION	T _t o		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Chedule A, fransfer total to Delaited Summary Page Line 4(z), Column A]	00	2518.44	524811

	2. ID# COM-1-V
1. Committee Name Te & Strile for CAn	CCWNO.
3. Report covering period from 9-20-16	thru 10.27-16

4. Aggregate Total of Contributions of \$50 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
·		
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]	0	6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

^{*}If contributions of \$50 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.

7816 NOV -3 AM 9: 10

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#	2
COM-1-	(/

1. Committee Name Test Struble For City Council

3. Report covering period from 9-20-16 thru 9-27-16

4		CONTRIBUTIONS	AMOUNT RECEIVED		
		IDENTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE	
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	·		
	DATE RECEIVED				
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED				
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP			
	DATE RECEIVED			2	
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		CITY C CITY C CY OF AF	
	DATE RECEIVED		ţ	Y CL OV -	
h.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		CITY CLERK DEI	
	DATE RECEIVED			H 9:	
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		0 0	
	DATE RECEIVED		_		
5.	ENTER TOTAL ONLY IF Detailed Summary Page,	LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Line 4(c), Column A]	0	0	

	CANDIDATE LOANS		S	CHEDULE C
1.	Jeffstrulle for City Con		2. ID# COM-	-1-1/
3.	Report covering period from 9-20-16 thru	10.27	-16	
4.	LOANS MADE OR GUARANTEED BY CANDIDATE NAME AND ADDRESS FROM WHOM RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION			
C.	NAME, ADDRESS, CITY, STATE, AND ZIP		i	
	DESCRIPTION			·
d.	NAME, ADDRESS, CITY, STATE, AND ZIP		JI Y OF	CITY CON 9 0.2
	DESCRIPTION		APACI	CLER CLER
e.	NAME, ADDRESS, CITY, STATE, AND ZIP		E JUNC	AM 9: -
	DESCRIPTION			0
f.	NAME, ADDRESS, CITY, STATE, AND ZIP			
-	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Co		0	0

2. ID#

com-1-11

1.	Committee Name Test Str Mc Sor City Report covering period from 9-20-16 thru	Comoil		
3.	Report covering period from 9-20-16 thru	10.27-	-14	
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			2/
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			OF APA
	DESCRIPTION			3 PR
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#		ONC 10	9:10
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#	·		
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to De Page, Line 5(a), Column A]	etailed Summary	0	

rom 9-20-16 thru 10-27-16

3. Report covering period from _

	SVPC-LIDIT LIDEO	DATE	444041117-05
4	EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	MADE	EXPENDITURE
4a.	NAME, ADDRESS, CITY, STATE AND ZIP Accal Monley INON GILBUT RODIOS Mesa No 85234 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Shirts	10316	103,49
4b	NAME, ADORESS, CITY, STATE AND ZIP. FOOTHILLS PUBLISHING 1075 3 Idoho #102 A pache Junction At 85 119 DESCRIPTION OF ITEMS OR SERVICES PURCHASED NEWS DEADER ASS. 200 TAGE (17	10-1826	62925
4c	Newspaper Ads and Ingells NAME. ADDRESS, CITY, STATE AND ZIP DST Creative IIUA S winchester A packer Junetran At 85119 DESCRIPTION OF JEMS OR SERVICES PURCHASED FIT WOYK	10-5-16	495.00
4d.	NAME, ADDRESS, CITY, STATE AND ZIP Collective Printing & Morketing LLC Z103 & Cedar St. & 5 Tempe AZ 85 281 DESCRIPTION OF ITEMS OR SERVICES PURCHASED Printing Ingerts	10-5-16	944.20
4e.	NAME, ADDRESS, CITY, STATE AND ZIP SIGN KING OF NE 325 5 Westweed Drdl MESCARE ES 210 DESCRIPTION OF ITEMS OR SERVICES PURCHASED 100 Yard SIZNS	9-23-16	290.00
4f.	NAME, ADDRESS, CITY, STATE AND ZIP Rays Printing 3EC & Iron wood Apach & Trunchian AZ ESIZO DESCRIPTION OF ITEMS OR SERVICES PURCHASED BUSINCS COIDS	10-10-16	57.CC
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Octail Summary Page Line 9, Column A]	(J.)	2518.94

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

OF APACHE JUNCTION

2. ID# COM-1-11

	Tose Struble for Cubic and		
	1. Committee Name Test Strule For City Council 3. Report covering period from 9-20-16 thru 10-2	7-16	
4	INDEPENDENT EXPENDITURES	DATE EXPENDITURE	AMOUNT OF THE
	IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED	MADE	EXPENDITURE
4a	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE Penefitted Purposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHAS Benefitted Opposed		
	CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	PURPOSE AND DESCRIPTION OF PURCHASE enefitted poposed CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10,	Column A)	0
*SE	EE A.R.S. § 16-901(14).		
certif eque:	y, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, ost or suggestion of any candidate or any campaign committee or agent of that candidate.	consultation or con	cert with or at the
Signati	ye of readye!		
	NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WISIX MONTHS	THIN THE LAST	AMOUNT
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		OF APAC	4 2 F 30
		A CHE Schedule D.	A REV
		Schedule D-	9
		C	•• TO

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

COM-1-11

Jeff Struble for City Council

100 from 9-20-16 thru 3. Report covering period from

4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4c	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4h	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
4 i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		0

SITY OF APACHE JUNCTION

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

2.1D# COM-1-11

Schedule D-3 Page___of_

1. Committee Name Deff Strible For Cily	Councl
3. Report covering period from 9-20-16	thru

	REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUN OF TH	
	NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUN	ID
4a.	NAME, ADDRESS, CITY, STATE, AND ZIP	· · · · · · · · · · · · · · · · · · ·		
	DESCRIPTION OF REFUND			
4b.	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION OF REFUND			
4c	NAME, ADDRESS, CITY, STATE, AND ZIP			
	DESCRIPTION OF REFUND			
4d.	NAME, ADDRESS, CITY, STATE, AND ZIP			
		<u>.</u>	791	C
	DESCRIPTION OF REFUND	Ş	2916 NOV	CITY
4e.	NAME, ADDRESS, CITY, STATE, AND ZIP	7 A		밀
		AFACHE JUNC	3 AM	DLERK D
	DESCRIPTION DF REFUND	JONC	ي	H H
4f.	NAME, ADDRESS, CITY, STATE, AND ZIP	KOR	0	****

	DESCRIPTION OF REFUND			
	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, [transfer total to Detailed Summary Page Line 17 C	Column A)	\widehat{h}	
	Includes return of contributions made by reporting committee			

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

2. ID# COM-1-1/

REPAYMENT OF LOANS	MADE OR GUARANTEED BY CANE	DIDATE	DATE REPAYMENT	AMOUNT OF THE
NAME AND ADDRESS TO WH	HOM REPAYMENT (DISBURSEMENT) WA	AS MADE	MADE	REPAYMENT
IAME, ADDRESS, CITY, STATE, AND ZIP				
		· · · · · · · · · · · · · · · · · · ·		
IAME, ADDRESS, CITY, STATE, AND ZIP				
IAME, ADDRESS, CITY, STATE, AND ZIP			<u> </u>	
AME, ADDRESS, CITY, STATE, AND ZIP				
				73 <u>1</u>
	·	-	10 A J 17	CITY C 2016 NOV
AME, ADDRESS, CITY, STATE, AND ZIP				, CLE 0V −3
			APACHE	20
			E	A C
AME, ADDRESS, CITY, STATE, AND ZIP			JUNC	<u> </u>
				5
			2	
			L	

REPAYMENT OF ALL OTHER LOANS

SCHEDULE D-5

2. ID#
com-1-11

1. Committee Name TESP 5	truble for Cil	y Council	
3. Report covering period from	7-20-16	thru	10-27-16

4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
·			·
4b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
		SITY OF	CITY C
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	A PACHI	- 3 [문
		OF APACHE JUNCT	W 9: I
41.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	NO	
5.	ENTER TDTAL DNLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		0

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

		2. ID# COM-1-11
1. Committee Name Tell	struble for City	Council
3. Report covering period from	9-20-16	thru 10-27-16

4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER	
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
4a	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
			w e	
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	-	CITY CL	
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		CLERK DEP V-3 AM 9: 10	
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
—— i 5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]			

ANY OTHER DISBURSEMENT

SCHEDULE D-7

2. ID# COM-1-1/

Committee Name _	Jest 5	ruble	for Cily	Concil
	•		1	

3. Report covering period from 9-20-16 thru 10-27-16

	ANY OTHER DISBURSEMENTS	DATE	AMOUNT OF THE	
4.	ANT OTHER DISDORSEMENTS	DISBURSEMENT	DISBURSEMENT	
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION	-		
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION	-		
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION	_		
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		· · · · · · · · · · · · · · · · · · ·	
		[
]		
	DESCRIPTION	1		
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
İ	DESCRIPTION			

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]

2016 NOV -3 AM 9: 10

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE E

COM-1-1,

1. Committee Name Jeff Struble for Coly Council

	Report covering period from	thruthru		
4	IN-KIND CONTRIBU	TIONS and EXPENDITURES	DATE	FAIR MARKET VALUE
	NAME AND ADDRESS OF INDIVIDU PDLITICAL COMMITTEE) FROM	UAL (OR NAME, ADDRESS AND ID# OF THE I WHOM RECEIVED OR TO WHOM GIVEN		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4 b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4c	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
4d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION EXPENDITURE		
	DESCRIPTION			
	OCCUPATION	EMPLOYER		
5.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST Line 6, Column A]	PAGE OF SCHEDULE E [If last page of Schedule E, transfer total	al to Detailed Summary Page	
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST Line 11, Column A)	PAGE OF SCHEDULE E [If last page of Schedule E, transfer total	al to Detailed Summary Page	0

Y OF APACHE JUNCTION

	2. ID#
	COM 1-11
· Counel	

1. Committee Name <u>Jeff</u>	Struble for	CMY Council	
Report covering period from	9.20-16	thru (U	27-16

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		AMOUNT OF THE RECEIPT	
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
		·		
	DESCRIPTION OF RECEIPT			
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
lc.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			
d	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		CITY OF AS	
	DESCRIPTION OF RECEIPT		CLERKI NV -3 AM	
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	o c) <u>EP</u> 9: [
	DESCRIPTION OF RECEIPT	NO.	0	
	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF RECEIPT			

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A

Page___of ___

OFFSETS TO CONTRIBUTIONS RECEIVED *

2.1D# COM-1-1/

1. Committee Name	ruble for Coly	Council	
3. Report covering period from		thru	0-27-16

4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE		AMOUNT OF THE REFUND	
	DESCRIPTION OF REFUND			
4b	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF REFUND			
4c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF REFUND			
4d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	TY OF APACHE JUNCTION	CITY CI	
	DESCRIPTION OF REFUND	PACH	CLERI)V -3	
4e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	E JUNCT	N 9: I	
	DESCRIPTION OF REFUND	NOM		
4f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION OF REFUND			

5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [if last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(E), Column A]

Includes return of contributions received by reporting committee

2.1D# COM-1-11

1. Committee Name Jest Strullz for City Council

9-20-16 3. Report covering period from **DEBTS AND OBLIGATIONS** OUTSTANDING OUTSTANDING AMOUNT INCURRED BALANCE BEGINNING PAYMENT THIS BALANCE AT CLOSE NAME AND ADDRESS OF INDIVIDUAL (OR NAME, THIS PERIOD **PERIOD** OF THIS PERIOD ADDRESS AND ID# OF THE POLITICAL THIS PERIOD COMMITTEE) TO WHOM DEBT IS OWED NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF DEBT NAME, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION OF DEBT NAME, ADDRESS, CITY, STATE, ZIP AND ID# **DESCRIPTION OF DEBT** NAME, ADDRESS, CITY, STATE, ZIP AND ID# **DESCRIPTION OF DEBT** NAME, ADDRESS, CITY, STATE, ZIP AND ID# 4e. DESCRIPTION OF DEBT ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE 5 F-3 [Transfer total to Detail Summary Page Line 19, Column A]